	THE STATE OF	Form				
		IT-4 State	Form	472	F	
	R6 / 8-07					
	Your Social A Security Number					
		L				
	☐ Check if applying fo					

Indiana Part-Year or Full-Year Nonresident

	100	State Form 472		or January 4 through December 31, 2007, enter period from:		
ŀ	You	if you are not filling for the care		ar January 1 through December 31, 2007, enter period from: to:		
				y Number are married filing		
		heck if applying for ITIN ZU	☐ Chec	ck if applying for ITIN ZT C separately.		
	You	first name	Initial	Last name		
	D	E		F		
Ī	If fili	ng a joint return, spouse's first name	Initial	Last name		
	G	Н	l			
	Pre	sent address (number and street or rural route) (If you ha	ave a P.C	, o , outside outside in turned		
	J			N (see pages 41 and 42)		
	City		State	Zip code + 4 Foreign Country (if applicable)		
	Κ	L		M O		
			ge 23 ir	in the instruction booklet) for the county where you lived and worked on		
	Jan	uary 1, 2007. Yourself —		Spouse —		
	Р	□ Q	-	n R		
	Cou	nty where you lived County where you worked		County where spouse lived County where spouse worked		
	1.	Complete Indiana Schedule A first. Enter here the	unt from line 42B of Section 3			
		from that schedule (you must attach Indiana Sche	-			
27		Indiana deductions. Enter the amount from line 1				
1 and		Line 1 minus line 2				
<u>-</u>		Number of exemptions claimed on your federal re				
nes	5.	Additional exemption for certain dependent children	-			
iii		Enter number claimed in box x \$1,500 .				
wee	6.	Check box(es) below for additional exemptions if,				
bet		You were: 65 or older ☐ or blind ☐ Spouse w				
<u></u>		Number of boxes checked x \$1,000				
e 0	7.	Check box(es) below for additional exemptions if,				
oag			55 or older and line 41A from Indiana Schedule A is less than \$40,000.			
is.		Spouse was: 65 or older and line 41A from In				
of ‡		Total the number of boxes checked x \$5				
on the front of this page only between lines		Add Lines 4, 5, 6 and 7		•		
fro	9.		21D of the Proration Section located at the bottom of the first page of			
the	40	Indiana Schedule A, Section 1 (you must attach S		,		
-		Multiply line 8 by the number on line 9				
rms		Line 3 minus line 10 (if less than zero, leave blank				
for		State adjusted gross income tax: multiply line 11 b				
W-2		County income tax. See if you need to complete S				
able		Use tax due on out-of-state purchases (see instru Household employment taxes: attach Schedule IN				
Stap		Indiana advance earned income payments from V				
-		Recapture of Indiana's CollegeChoice 529 credit.				
		Add lines 12 through 17. Enter here and on line 2				
-		Indiana state tax withheld. Don't include any withh				
		Attach W-2s, WH-18s, 1099s				
	20.	Indiana county tax withheld. Don't include any with				
		outside Indiana. Attach W-2s, WH-18s, 1099s				
	21.	Estimated tax paid for 2007. Include any extensio				
		Unified tax credit for the elderly (You must be age				
order here		least 6 months to qualify. See instructions on page				
	23.	Earned income credit: attach Schedule IN-EIC				
orde		Lake County residential income tax credit				
ey c		Economic development for a growing economy cr				
		Indiana credits: enter the amount from Schedule I	-			
_		Add lines 19 through 26. Enter here and on line 2				
	AA	ВВ	СС			
	VN		ت ت			

28.	Enter the Total Tax from line 18 on the front of this form		▶ 28		
29.	Enter the Total Credits from line 27 on the front of this form		▶ 29		
	If line 29 is more than line 28, subtract line 28 from line 29 (if sm				
	Amount of line 30 to be donated to the Indiana Nongame V		I		
	Subtract line 31 from line 30				
	Amount to be applied to your 2008 estimated tax account (see in				
	Penalty for underpayment of estimated tax for 2007. Attach Sch.	. • ,			
	Line 32 minus lines 33 and 34 (if less than zero see line 37 instruc				
	_	□Savings □Hoosier Works		If you want to)
Jua	c. Type Deflecking	Deavings Enloosier works	· WIC (←	DIRECT DEPOS	
b.	Account number			see page 13.	
37.	If line 28 is more than line 29, subtract line 29 from line 28. Add	this to any amounts from			
	lines 33 and 34, and enter total here (see instructions on page	e 14) S uвт	OTAL 37		
38.	Penalty (if filed after the due date, see instructions on page 14).		38		
39.	Interest (if filed after the due date, see instructions on page 14)		39		
40.	Amount Due: Add lines 37, 38 and 39	Amount You Ow	re ▶ 40		
•	No payment is due if you owe less than \$1. Do Not Send Cash. Make Indiana Department of Revenue. Credit Card payers must see page 1		ole to:		
Υ	Tour Information (see instructions on page 14)	Spouse's Information (se	e instructio	ons on page 14)	
_		•			
Τ •	Train your resident or another state.	Were you a full-year residuely If an enter the 3 letter per			
	If so, enter the 2 letter name for that state.	If so, enter the 2 letter nan			
U •	vers you a part you resident of another state.	Were you a part-year resi			
	If so, enter the 2 letter name for that state.	If so, enter the 2 letter nan			
•	Enter the time period you lived in Indiana during 2007.	Enter the time period you	lived in In	diana during 2007.	
W	From: d d 2007 To: d d 2007 X	From: m m d d 20	07 To:	m m d d 200	07 ⊩
•	Enter the time period you lived in the other state.	Enter the time period you	lived in th	e other state.	
Υ	From: m m d d 2007 To: m m d d 2007 Z	From: m m d d d 20) 07 To:	m m d d 200	07 JJ
N/IN/	If two-thirds of your gross income was made from farming or fishing, ple	2250 chock horo 🗖 If any individu		ha tan af tha IT 40 diad a	d
IVIIV	Important: If you checked the box, you must attach Schedule IT-2210 o	<u> </u>		he top of the IT-40 died died below.	uring
ZW	Are you filing a federal income tax return for 2007? Yes No	111 2210/1.			2007
	Authorization				
	Under penalty of perjury, I have examined this return and all attachmen	ts and to the	s date of de	ath m m d d 2	<u> 2007</u>
	best of my knowledge and belief, it is true, complete and correct. I und		any refund	d will be made payable t	to us
	jointly and each of us is liable for all taxes due under this return. Also, m	ny request for direct deposit of my	refund incl	udes my authorization to	o the
	Indiana Department of Revenue to furnish my financial institution with	my routing number, account num	nber, accou	int type, and Social Sec	curity
	number to ensure my refund is properly deposited. I give permission to	the Department to contact the S	ocial Secur	ity Administration in ord	ler to
	confirm the Social Security number(s) used on this return are correct.	Di	aytime telep	phone number	
	Your Signature	Date			
			mail addres	ss where we can reach y	you.
	Spouse's Signature	Date ZV			
RR	rauthorize the Department to discuss my return with my				
	personal representative (see page 15) Tyes No If yes, complete the information below.	Paid Preparer: Firm's Name	(or yours	if self-employed)	
	complete the information below.	WW			
	Personal Representative's Name (please print)				
		UU ☐Federal I.D. Number ☐	PTIN OR	Social Security Number	r
F	NB	VV			
	Tolonhono	Telephone			
	Telephone AC number	number			
F	ND	XX			
/	Address	Address YY			
'		Citv			
F	AG AG	ZZ	ZX		
	State Zip Code + 4	State		Zip Code + 4	